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McLean, VA 22102

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**LNGS** | LUKAS,  
NACE,  
GUTIERREZ  
& SACHS, LLP

**PUBLIC REFERENCE COPY**

June 12, 2015

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SC: (703) 584-8670  
JC: (703) 584-8686  
dlafuria@fcclaw.com  
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jcimko@fcclaw.com

**VIA ELECTRONIC FILING**

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12th Street, S.W., Room TW-A306  
Washington, D.C. 20554

**Re: ETC Annual Reports and Certifications, WC Docket No. 14-58**

Dear Secretary Dortch:

On behalf of East Kentucky Network, LLC, d/b/a Appalachian Wireless (SAC 269007) ("East Kentucky Network"), please find attached a copy of East Kentucky Network's FCC Form 481 Carrier Annual Report, filed pursuant to Section 54.313 of the Commission's Rules ("Form 481 Report"), for Program Year 2016. The Form 481 Report has been submitted to the Universal Service Administrative Company through its E-File System, and was successfully certified on June 12, 2015.

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



David A. LaFuria  
Steven M. Chernoff  
John Cimko

Attorneys for:  
*East Kentucky Network, LLC*  
*d/b/a Appalachian Wireless*

Attachment

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	269007
<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Michael Huffman
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391164 ext. 4
<039>	Contact Email Address: Email of the person identified in data line <030>	mhuffman@ekn.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> -- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 16 269007KY310.pdf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	269007KY510.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	269007KY610.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification (if yes, complete attached worksheet) Not Applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	269007
<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mhuffman@ekn.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How much (USF) was used to improve service quality and how support was used to improve service quality  
 <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage  
 <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.


FCC Form 481  
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July 2013

[illegible]



FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	269007
<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mhuffman@ekn.com

[illegible]

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	269007
<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mhuffman@ekn.com

<810>	Reporting Carrier	East Kentucky Network, LLC d/b/a Appalachian Wireless
<811>	Holding Company	East Kentucky Network, LLC
<812>	Operating Company	NA

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	269007
<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Ruffman
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mruffman@ekn.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 431

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	269007
<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mhuffman@ekn.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	269007
<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mhuffman@ekn.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.appalachianwireless.com/?page=local>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |  |                                     |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

## (2000) Price Cap Carrier Additional Documentation

## Data Collection Form

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	269007
<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	MICHAEL HULLMAN
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mhullman@ekn.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

### Incremental Connect America Phase I reporting

- |         |   |
|---------|---|
| <2010>  | 2nd Year Certification {47 CFR § 54.313(b)(1)i}   |
| <2011a> | 3rd Year Certification {47 CFR § 54.313(b)(1)iii} |
| <2011b> | Attachment {47 CFR § 54.313(b)(1)ii}              |


### Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))  
<2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))  
<2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))  
<2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))


## Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband**

\_\_\_\_\_

## Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification  
<2018> 5th year Broadband Service Certification  
<2019> Interim Progress Certification  
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.


- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	265007
<015> Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035> Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	mihw@eastkentn.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒  
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐  
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐  
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐  
(3023) Underlying information subjected to a review by an independent certified public accountant ☐  
(3024) Underlying information subjected to an officer certification, ☐  
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



(300) Rate Of Return Carrier Additional Documentation (continued)

FCC Form 934

Data Collection Form

OMB Control No. 3040-0086/AM3 Control No. 3060-0070

July 2013

<010> Study Area Code	269007
<015> Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035> Contact Telephone Number - Number of person identified in data line <030>	6067391166 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mhuffman@ekn.com

## Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

**Certification - Reporting Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0985/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	269007
<015> Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035> Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext .
<039> Contact Email Address - Email Address of person identified in data line <030>	mhuffman@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

**Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification - Agent / Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	269007
<015> Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035> Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mhuffman@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Lukas, Nace, Gutierrez &amp; Sachs, LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>Lukas, Nace, Gutierrez &amp; Sachs, LLP</u>	
Name of Reporting Carrier: <u>EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS</u>	
Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>	Date: <u>06/12/2015</u>
Printed name of Authorized Officer: <u>Michael Huffman</u>	
Title or position of Authorized Officer: <u>Financial Operations Director</u>	
Telephone number of Authorized Officer: <u>6068747550 ext.164</u>	
Study Area Code of Reporting Carrier: <u>269007</u>	Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS</u>	
Name of Authorized Agent or Employee of Agent: <u>Lukas, Nace, Gutierrez &amp; Sachs, LLP</u>	
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>	Date: <u>06/12/2015</u>
Printed name of Authorized Agent or Employee of Agent: <u>John Cimko</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Attorney</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>7035848686 ext.</u>	
Study Area Code of Reporting Carrier: <u>269007</u>	Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



**East Kentucky Network, LLC, d/b/a Appalachian Wireless**  
**SAC 269007**  
**FCC Form 481 (Program Year 2016)**  
**Line 310 – Unfulfilled Service Requests (Voice)**

**East Kentucky Network, LLC, d/b/a Appalachian Wireless**  
**SAC 269007**  
**Form 481 (Program Year 2016)**  
**Line 310 – Unfulfilled Service Requests (Voice)**

During calendar year 2014, East Kentucky Network, LLC, d/b/a Appalachian Wireless (“East Kentucky Network”) received 16 requests for voice service that it was not able to fulfill. In response to any request for service at a residence or business, East Kentucky Network takes the following steps in attempting to meet the service request:

1. If a request comes from a customer within its existing network, East Kentucky Network will provide service immediately using its standard customer equipment.
2. If a request comes from a customer residing in any area where East Kentucky Network does not provide service, East Kentucky Network will take a series of steps to provide voice service.
  - First, it will determine whether the customer’s equipment can be modified or replaced to provide acceptable service.
  - Second, it will determine whether a roof-mounted antenna or other network equipment can be deployed at the customer’s premises to provide service.
  - Third, it will determine whether adjustments at the nearest cellular facility site can be made to provide service.
  - Fourth, it will determine whether there are any other adjustments to network or customer facilities that can be made to provide service.
  - Fifth, it will explore the possibility of offering the resold services of carriers that have facilities available to the customer location involved.

- Sixth, East Kentucky Network will determine whether an additional cellular facility site, a cell-extender, or repeater can be employed or can be constructed to provide service, and evaluate the costs and benefits of using scarce high-cost support to serve the number of customers requesting service.

If there is no possibility of providing service short of these measures, East Kentucky Network will notify the customer making the request, and also will notify the Commission of how many requests for service could not be fulfilled in its next FCC Form 481 annual report filed pursuant to Section 54.313 of the Commission's Rules.

**East Kentucky Network, LLC, d/b/a Appalachian Wireless**  
**SAC 269007**  
**FCC Form 481 (Program Year 2016)**  
**Line 510 – Service Quality Standards and**  
**Consumer Protection Rules**



**East Kentucky Network, LLC, d/b/a Appalachian Wireless**  
**SAC 269007**  
**Form 481 (Program Year 2016)**  
**Line 510 – Service Quality Standards and Consumer Protection Rules Compliance**

East Kentucky Network, LLC, d/b/a Appalachian Wireless (“East Kentucky Network”), hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice services and broadband services, and that these practices ensure that East Kentucky Network:

- (1) Discloses rates and terms of its voice services and broadband services to customers.
- (2) Makes available maps showing where voice services and broadband services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice service and broadband service.
- (4) Allows a trial period for new voice service or broadband service.
- (5) In advertising of prices for voice services or broadband services, provides specific disclosures of material charges and conditions related to the advertised prices and services.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice service or broadband service for changes to material contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by policies for protection of consumer privacy.

- (11) Provides consumers with free notifications for voice, data and messaging usage, and international roaming.
- (12) Abides by standards regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones and tablets that are locked by or at the direction of East Kentucky Network.

These service quality and consumer protection practice categories are the same as those included in the CTIA–The Wireless Association® (“CTIA”) Consumer Code for Wireless Service (“CTIA Code” or “Code”) as currently in effect.<sup>1</sup>

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<sup>1</sup> East Kentucky Network is a member of CTIA, and its service quality and consumer protection practices are in compliance with the voluntary guidelines established in the CTIA Code. The CTIA Code can be viewed on the CTIA website at <http://www.ctia.org/policy-initiatives/voluntary-guidelines/consumer-code-for-wireless-service> (accessed May 21, 2015). The Code adopts “principles, disclosures and practices for wireless service, including voice, messaging and data services for postpaid or prepaid consumers.” *Id.*

**East Kentucky Network, LLC, d/b/a Appalachian Wireless  
SAC 269007**

**FCC Form 481 (Program Year 2016)**

**Line 610 – Network Functionality in Emergency Situations**

**East Kentucky Network, LLC, d/b/a Appalachian Wireless**  
**SAC 269007**  
**Form 481 (Program Year 2016)**  
**Line 610 – Network Functionality in Emergency Situations**

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”<sup>1</sup> Section 54.313(a)(6) of the Commission’s Rules requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)”<sup>2</sup> in connection with their provision of voice and broadband services.

East Kentucky Network, LLC, d/b/a Appalachian Wireless (“East Kentucky Network”), hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2) of the Commission’s Rules. Specifically, East Kentucky Network has deployed sufficient power generators throughout its network and also has the capability to deploy temporary microwave facilities quickly to the extent necessary for East Kentucky Network’s network to remain functional during emergencies. These generators and microwave facilities ensure that (1) a reasonable amount of back-up power is available to ensure functionality without an external power source; (2) East Kentucky Network is able to reroute both voice and broadband traffic around damaged facilities; and (3) East Kentucky Network is capable of managing spikes in voice and broadband traffic resulting

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<sup>1</sup> 47 C.F.R. § 54.202(a).

<sup>2</sup> 47 C.F.R. § 54.313(a)(6).



from emergency situations. Specifically, East Kentucky Network maintains the capability to expand its network capacity to keep maximum load at 65 percent or less, so that it is able to handle large spikes that may be caused by emergencies or other extraordinary events. East Kentucky Network also maintains (1) a minimum battery back-up time of 6-8 hours at each site; and (2) fuel levels sufficient to maintain generator operating times at each site ranging from a minimum of 5-7 days up to 12 to 14 days.

**East Kentucky Network, LLC, d/b/a Appalachian Wireless**  
**SAC 269007**  
**FCC Form 481 (Program Year 2016)**  
**Line 700 – Price Offerings Including Voice Rate Data**

<b>(700) Price Offerings including Voice Rate Data</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
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<030>	Contact Name - Person USAC should contact regarding this data	Mich
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<039> Contact Email Address - Email Address of person identified in data line <030> nhuffman@ekn.com

1/1/2015

Downloaded from <http://ajph.org/> at University of California, San Diego on June 11, 2015

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**East Kentucky Network, LLC, d/b/a Appalachian Wireless**  
**SAC 269007**  
**FCC Form 481 (Program Year 2016)**  
**Line 813 – Operating Companies**

(800) Operating Companies  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	269007
<015>	Study Area Name	EAST KENTUCKY NETWORK, LLC DBA APPALACHIAN WIRELESS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Huffman
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mhuffman@ekn.com
<810>	Reporting Carrier	East Kentucky Network, LLC d/b/a Appalachian Wireless
<811>	Holding Company	East Kentucky Network, LLC
<812>	Operating Company	NA

[illegible]